

Nashville Area Evaluation Report – Executive Summary

This Executive Summary outlines the major findings outlined in the Nashville Area Injury Prevention Program (IPP) Evaluation Report completed in July 2003 by Carolyn E. Crump, PhD and Robert J. Letourneau, MPH of the University of North Carolina. Included in this Executive Summary are the Program Stage of Development ratings for the 12 Evaluation Components used to guide the evaluation process:

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| 1. Mission/Vision | 7. Needs Assessment/Defined Service Population |
| 2. Resource Allocation/Accounting | 8. Surveillance Data Collection |
| 3. Management Support | 9. Injury Program Planning and Implementation |
| 4. Staffing/Roles and Responsibilities | 10. Marketing/Advocacy |
| 5. Training | 11. Evaluation/Reporting |
| 6. Partnerships/Collaboration | 12. Technical Assistance/Building Tribal Capacity |

A brief summary of recommendations is provided in this Executive Summary for each Evaluation Component. Please refer to the full-text version of the Nashville Area Evaluation Report for the following: a) background on the development of the evaluation process; b) summary of the Nashville Area Evaluation Process; c) an overview of the Nashville Area IPP; d) a description of the Program Stage of Development Process; e) contextual factors used to determine stage of development ratings; f) recommendations; and g) a list of resources for Nashville Area IPP staff.

1. Mission/Vision

Basic	Intermediate	Comprehensive
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The Nashville Area Injury Prevention Program (IPP) is at the **Intermediate** stage of development for Mission/Vision. The Area Injury Prevention (IP) Specialist has recently established a program planning process for the Area's IP Program efforts. Collecting feedback from Tribal injury prevention personnel has been difficult given the geographic spread of the Nashville Area. Such feedback is required to advance IP efforts. Technological advancements in communication (i.e., web-based 'Net-Meeting' capabilities) should provide better mechanisms to collect feedback from Tribal entities in the Nashville Area. Because most Tribes in the Nashville Area develop their own injury prevention priorities, the Area IP Specialist could solicit feedback from Tribal staff to learn if they would like his assistance in developing their local IP plans. These local plans could be based, in part, on the Nashville Area's plan, and could also include: training priorities; technical assistance needs; enhanced communication activities (e.g., conference call/site visit needs); and funding source identification priorities. It was not clear to the evaluators the extent to which annual IP program planning occurs among IHS staff at regularly scheduled Environmental Health/Injury Prevention Program meetings. If such planning is not occurring, it may be worthwhile to conduct these types of meetings annually, during which time staff can discuss past progress and plan future activities related to injury prevention. The evaluators also recommend that Tribal representatives be invited to attend such meetings to provide feedback and input. These meetings could also serve as a forum to conduct 'in-service' training activities. For example, "content experts" could be invited to provide materials and/or presentations about a specific injury issue that would be helpful to Tribal IP staff (e.g., evaluation strategies, report writing, documentation, data collection, strategic planning).

2. Resource Allocation/Accounting

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Intermediate** stage for Resource Allocation/Accounting. The Area IP Specialist in the Nashville Area has some input into the annual budget for the Nashville Area Injury Prevention Program, in that he is asked to develop a spending plan for training and travel costs associated

with the development of Tribal specific injury prevention activities. The small number of IHS staff in the Area with injury prevention responsibilities allows for open communication about budget planning, despite general budget constraints. To augment end-of-year IP project funding currently underway in the Area, the Area IP Specialist could encourage Tribal IP practitioners to keep a running list of funding ideas, so that, if and/or when funding becomes available, Tribes have already identified ideas for year-end funds. Because other standing opportunities exist to propose project funding ideas to the Branch Chief for consideration, Area staff are also encouraged to identify key Area-wide IP activities or training needs that require financial support. The evaluators learned of numerous barriers to formally track and identify if and to what extent equalized funds (approximately \$7,400/year/Tribe) are being used by Tribes to support IP activities. Given these barriers, staff in the Nashville Area are encouraged to identify informal ways to learn how these funds are being used (e.g., through conference calls with Tribal IP practitioners, site visits for IP and environmental health work) and how they can provide assistance to Tribal IP practitioners in allocating those funds. For those Tribal staff members who experience difficulty in obtaining the funds to support their IP activities, Area staff could offer their support (e.g., letters, emails, phone calls) to help the Tribal IP practitioners locate those funds. Area staff documentation of use of additional IP funding (e.g., year-end funding) may be helpful in securing additional funds. Process and impact evaluation measures could be informally documented by Area staff during regular conference calls and/or site visits. Increased communication about the need to evaluate use of IP funds could also be reinforced during one-on-one and/or group interactions with IP practitioners in the Nashville Area if and when they occur. To secure additional Tribal IP project funding (e.g., through external sources such as the IHS Tribal IP Cooperative Agreements Program) and build Tribal IP capacity, the evaluators encourage on-going Tribal staff training in proposal development, budget formulation, budget monitoring, and budget reporting be provided to Tribal injury prevention program staff.

3. Management Support

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Intermediate** stage of development for Management Support. Success of injury prevention programs often depends on the support provided to the program from upper management staff at the Area Office and/or Tribal government level. Both implicit and explicit support for the Nashville Area Injury Prevention program appears to exist among Area Office staff, however, enhancement of this support could also be achieved through several mechanisms. The creation of a full-time Area Injury Prevention Specialist in the Nashville Area would indicate stronger management support for the Injury Prevention Program. This recommendation is provided recognizing that barriers to funding such a position exist in the Nashville Area. In addition, support for injury prevention among Nashville Area Tribal decision-makers appears to vary, therefore, the evaluators suggest that additional exposure and discussion regarding the Nashville Area and Tribal injury prevention program activities be developed to educate Tribal leaders (e.g., Tribal health directors, Council members) about the importance of injury prevention. In the future, it will be important for Tribal staff who have been directly or indirectly involved with injury prevention activities to serve as advocates for making injury prevention a priority at their Tribes. The evaluators recommend that the Area IP Specialist take steps to facilitate these and other Tribal representatives taking on advocacy roles for injury prevention in the Nashville Area. Encouraging Tribal IP practitioners with IP experience (e.g., Lynne Thompson at St. Regis Mohawk or Eldon Epsling at Houlton Band of Micmac) to present may raise the priority level for IP in the Nashville Area. Injury prevention staff in the Nashville Area could develop a standard oral presentation designed for use with multiple audiences (e.g., Tribal decision-makers, medical staff, medical records staff) that can be modified at the local level to include information about local concerns. In addition, a comprehensive data report (similar to one developed in the IHS California Area) showing the severity and consequences of injuries in the Nashville Area would be useful in informing and educating Tribal leaders about injury prevention as a

priority health issue. Giving injury prevention-related performance awards, a practice in place in several other IHS Areas, should be considered in the Nashville Area, as it provides recognition for jobs well done and reinforcement for injury prevention. Finally, having injury-specific Nashville Area performance objectives in the would indicate stronger support for injury prevention.

4. Staffing/Roles and Responsibilities

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Staffing/Roles and Responsibilities. Staffing to conduct injury prevention activities in the Nashville Area has been severely affected by *Public Law 638* compacting and contracting. As a result, only three IHS staff positions (at the time of the site visit) were able to provide limited IP services for the approximate 44,000 American Indians in the Nashville Area. The evaluators recognize that financial barriers exist (e.g., lack of RRM to support IP) and that the organizational structure of the Area limits the Nashville Area's ability to fund a full-time Area IP Specialist position. However, the importance of injury prevention to the overall health of American Indians and Alaska Natives suggests that each IHS Area IP Program have one staff person able to devote his/her full-time efforts to injury prevention. Because significant barriers exist to achieving this in the Nashville Area, back-filling the recently vacated Environmental Health Branch Chief position and continued use of hiring COSTEPs for summer work may alleviate some of the burden of collateral duties for both the Southern and Northern District Environmental Health Officers to conduct injury prevention activities. More explicit descriptions of injury prevention job responsibilities for the Area IP Specialist and Southern District Environmental Health Officer could also be developed. In addition, IHS Area staff should focus their efforts on continuing to emphasize and advocate for the prioritization of injuries as an important health problem among Tribes in the Area (e.g., through marketing and training activities), as well as for the development of Tribal injury prevention staff positions (e.g., like the one created at the Micmac Tribe in Maine). Given the limited time available for Nashville Area staff to devote efforts to IP, their efforts should be focused on building the capacity of Tribes to identify and address their own injury prevention concerns. This will occur through continued training, advocacy, and on-going technical assistance.

5. Training

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Training. The IP Program in the Area could be improved through the provision of additional or continued training to IHS staff and Tribal members within the Area. Training courses (e.g., Level I or Epi Info) are recommended at least biannually or annually, provided adequate interest among Tribal IP staff. Active marketing for and recruitment to training activities will be important among Nashville Area IP staff. Ongoing assessment and identification of Tribal IP training needs is also recommended. A portion of every conference call or site visit, for example, could be devoted to identifying training needs among Tribal IP practitioners as well as their collaboration partners (e.g., police, EMS, public health nurses). Due to the geographic spread of Tribes in the Nashville Area, the Area IP Specialist should also consider partnering with state IP programs to offer training courses (e.g., as is currently the case with some child passenger safety training activities occurring within the Area). Related to this, the evaluators recommend that Area staff develop ways to conduct tailored recruiting of qualified participants for trainings held within and outside the Area (e.g., Level I, II, III and the new Program Development Fellowship Program). This could include conducting an annual training assessment among Tribal IP staff and collaborating partners. Increased recruitment for participation and support to IHS fellowship program participants, particularly the newly developed

Program Development Fellowship, is recommended as a priority in the Area. The evaluators also encourage the Nashville Area IPP staff to assess the degree to which Health Directors or Tribal Council members have received injury prevention training. Documenting this information would provide a way to focus the recruitment of future injury prevention training workshop participants. Follow-up with course participants from the Nashville Area after trainings are provided should also be conducted. The Nashville Area could develop a training program database to record who has taken training courses (e.g., Level I, CPS Safety) and this database could be updated on a regular basis to include current contact information for training participants. Nashville Area staff could consider developing an abridged Level I training course designed to provide education and information about injury prevention (e.g., financial and social burdens, cost savings of prevention, types of effective interventions) in the Area to Tribal decision-makers (e.g., Health Directors, Tribal Council members, USET members). Finally, conducting or hosting an annual or bi-annual Tribal injury prevention practitioner's conference could serve as another way to address on-going training needs in the Nashville Area.

6. Partnerships/Collaboration

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Partnerships/Collaboration. Increased facilitation by the Area IP Specialist for collaboration among Tribal IP staff and state/local IP program representatives, as well as other national or state based organizations, is recommended. Conducting regular conference calls with Tribal IP practitioners could serve to increase partnerships and collaboration among the Tribes in the Nashville Area through the sharing of information about local and/or state partnerships, which may encourage those Tribal IP programs without such partnerships to establish new ones. The conference calls could also serve as the basis for Tribes to provide input to Mr. Eldon Epsling in his role as the Area's advocate while serving on the national Tribal IP Steering Committee. In addition, the Area IP Specialist should consider developing a resource directory for partnerships and collaboration within the Nashville Area. Communication (e.g., phone, fax, email) with state-specific entities should be initiated and maintained, at least once a year if not more. In these communications, the Area IP Specialist could ensure that the state entities recognize the local-level injury prevention activities that are occurring in their state and subsequently attempt to identify ways in which the state entities could support those efforts in the future. Initiating contact with all state entities, as well as developing the collaboration resource directory, could be a project for a future IHS COSTEP.

7. Needs Assessment/Defined Service Population

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Needs Assessment/Defined Service Population. The evaluators learned that the way in which Tribes (e.g., Tribal IP practitioners, Tribal leaders, health department directors, health department staff, community members) define 'injury prevention' varies widely across the Nashville Area. The Area IP Specialist indicated that Tribes are limited in their abilities to identify and prioritize their injury prevention needs because 'injury prevention' is usually defined in relatively broad terms. For example, some Tribes consider addressing radon issues as injury prevention, whereas, this would more commonly be considered an environmental health issue. The evaluators contend that needs assessments can serve to educate communities about injury prevention, and to identify and/or prioritize community perceptions of injury prevention needs. The "Injury Inventory Survey" developed for use in Summer 2002 in the Nashville Area could be modified to make the survey more useful, including: the addition of a brief introductory paragraph to both define 'injury prevention' and describe customary injury prevention interventions; reformatting of the survey form could also occur

to make it easier to conduct the survey through phone interviews, as opposed to mailed surveys; and rewording survey questions by making them closed-ended (e.g., Likert-scaled, dichotomous). Some questions could assess respondents' perceptions of the importance or usefulness of injury prevention interventions (current or future). Results from these surveys should be used to prioritize Area funding for injury prevention activities, as well as to increase networking among Tribes through the marketing of injury activities occurring across the Nashville Area (e.g., on the website, in a newsletter, through 'news releases'). As a result, these assessments should be conducted on a regular basis (i.e., a regular part of the scope of work developed for COSTEPs who work in the Nashville Area during the summer months). The Nashville Area IPP should also consider developing a Nashville Area Tribal Injury Prevention Program Steering Committee to help identify the Nashville Area IP needs (training, funding, etc.) for Tribes across the Area.

8. Surveillance Data Collection

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Surveillance Data Collection. In a limited manner, a severe injury surveillance system is currently being used in the Nashville Area to facilitate local Tribal data collection and reporting efforts. The Area IP Specialist is currently limited in his ability (due to time and travel constraints) to provide on-going technical assistance to Tribal staff collecting local data. However, the approach currently being used by Area IP Specialist Mickey Rathsam to disseminate information and training (i.e., through one-on-one opportunities) about the new surveillance system and protocols seems appropriate. To reduce Area IP Specialist Mickey Rathsam's travel time, he could encourage those he is working with to meet with him in his District Office semi-annually. These on-site technical assistance meetings/trainings and follow-up activities are important. The use of "NetMeeting" technology may be an effective approach to use, given the geographic spread of the Nashville Area. Meetings online, by phone, or in person allow for immediate feedback on how the information in the surveillance system can be tailored for local use. In addition, an injury surveillance reference "Manual" would provide step-by-step instructions on how to implement local severe injury surveillance among Tribes. Observational protocols (e.g., seatbelt surveys) used by Tribal IP staff should be standardized across the Area and added to the injury surveillance reference Manual. In general, the importance of data collection and reporting should be stated to decision makers and when possible, the degree to which data are provided that show specific Tribal information should be indicated. These reports should be presented on a Tribal level to compare and contrast injury data and issues across the Nashville Area.

9. Injury Program Planning and Implementation

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Injury Program Planning and Implementation. Very limited documentation about previously funded injury prevention projects in the Nashville Area was available for review. As a result, it was difficult for the evaluators to accurately assess the scope, reach, and content of local injury prevention activities occurring in the Nashville Area. In general, however, to move to a higher level for Injury Program Planning and Implementation, the evaluators recommend that Nashville Area staff develop a strategic approach to reduce injury related morbidity and mortality in the Nashville Area by specifically incorporating the four types of interventions outlined in the IOM's *Reducing the Burden of Injury Report* (Bonnie et al., 1999): 1) Changing individual behavior; 2) Modifying products or agents of injury; 3) Modifying the physical environment; and 4) Modifying the sociocultural and economic environment. As described in the Injury Surveillance Data Collection section, given the limited amount of and difficulty in collecting local injury morbidity and

mortality data, it is appropriate for IHS staff to encourage Tribes to develop and implement intervention projects that have been shown to be effective and are considered ‘evidence-based effective strategies’ (e.g., occupant restraint; smoke alarm distribution). To address intentional injuries, which are on the increase in many IHS Areas, Nashville Area IP staff could facilitate a collaborative approach with IHS Nashville Area departments and other organizations with responsibility for alcohol abuse prevention/treatment and mental health. While perspectives may vary in terms of a clinical versus a public health approach, there should be benefits to working together to prevent both intentional and unintentional injuries among American Indian people in Nashville.

10. Marketing

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of development for Marketing. The Area is well poised to increase its marketing and advocacy efforts. As a result of staffing limitations, the Area IP Specialist is encouraged to identify ways that existing communication with Tribal IP programs could be used to collect and disseminate information across the Area. Conference calls and ‘news releases’ are opportunities for Tribal IP personnel to share successes or lessons learned about their on-going injury prevention activities. A Nashville Area Injury Prevention Program summary or brochure or “Fact Sheets” could be developed. The evaluators recommend that the Area IP Specialist (with assistance from COSTEPs and a Tribal IP Committee) develop Tribal Injury Prevention Profiles, that include results from bi-annual IP needs assessments and the injury prevention activities conducted at each Tribe. The formation of a Nashville Area-specific Injury Prevention Program webpage for the Nashville Injury Prevention Program would also be beneficial. Continued participation by Eldon Epsling, from the Arostook Band of Micmac, on the national Tribal Injury Prevention Steering Committee should increase visibility of the Nashville Area IP Program. The formation of a local Nashville Area IP Steering Committee could also provide important assistance at marketing and advocating for injury prevention throughout the Area. A revival of the Area Director’s Awards Program for community injury prevention could be used to market the Area Injury Prevention Program. The development of Injury Prevention Program PowerPoint presentations for Tribal leaders is another approach for marketing the Nashville Area’s IP Program to encourage Tribal leaders to prioritize injuries higher among their health concerns. Continued efforts at getting on the USET meeting agenda should occur, as USET serves as a significant opportunity to disseminate information among Nashville Area Tribes. All materials developed to market the Area’s program should be updated annually or biannually and distributed regularly to the Area’s list of Nashville Area injury prevention practitioners or partners (e.g., state agencies or private organizations).

11. Evaluation/Reporting

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is at the **Basic** stage of Development for Evaluation/Reporting. For the Nashville Area Injury Prevention Program to advance to the next stage of development for this Evaluation Component, more formal evaluation and reporting mechanisms would need to be in place to monitor injury prevention intervention projects implemented at the Tribal level. The evaluators recognize, however, that Area organizational barriers exist that prohibit this type of information from being collected. As a result of these barriers, it is incumbent upon IHS Area staff (i.e., the Area IP Specialist and the Southern District Environmental Health Officer) to collect information about projects more informally (e.g., through conference calls and/or site visits). The Area IP Specialist should regularly document the accomplishments of Tribal injury prevention activities. When collecting information about activities, a general set of questions could be used to guide the information gathering process. These could include a

set of “indicators of success” or process results (e.g., extent to which collaboration/partnerships were established, number of people involved/reached, extent to which the capacity of the Tribe was developed). This could also include, where appropriate, learning about project impact results (e.g., changes in behavior, attitudes, or knowledge). The development of a Tribal Injury Prevention Program profiling system (as described in the Marketing evaluation component recommendations), would assist in documenting past and current activities for each Tribe. Reports or profiles of field activities should be shared among all Area IP staff, as this will facilitate information sharing and networking among staff within the Nashville Area.

12. Technical Assistance/Building Tribal Capacity

Basic	Intermediate	Comprehensive
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The Nashville Area IPP is between the **Basic** and **Intermediate** stages of development for Technical Assistance/Building Tribal Capacity. The evaluators recognize several important barriers in the structure of the Nashville Area which can inhibit a traditional approach to building local level capacity. The Area IP Specialist is developing ways (e.g., implementing local trainings) of building capacity within the confines of the structure of the Nashville Area. With the advent of the IHS Tribal Injury Prevention Cooperative Agreements Program funding to Tribes, it is important for Nashville Area staff to provide technical assistance to all Tribal Organizations in the Nashville Area interested in working to prevent injuries and/or to submit proposals for grant funding. All Nashville Area IP staff are encouraged to be proactive in the way in which they work with Tribal representatives to advocate for and make suggestions about potential IP activities. Assisting Tribal staff and local coalitions with strategic planning and evaluation reporting are two critical areas needed by Tribal members to increase the effectiveness of their injury prevention activities. Capacity building efforts through training have been successful at several Tribes in the Nashville Area and lessons learned from these examples could be duplicated for other Tribes. Tribal capacity building activities designed to increase opportunities for other Tribes to compete and submit successful funding proposals could become an emphasis for IHS Nashville Area staff. The evaluators therefore encourage on-going IHS staff training in proposal development, budget formulation, budget monitoring, and budget reporting be provided to Tribal injury prevention program staff. In addition, conducting regular trainings for and/or marketing activities with Tribal leadership (e.g., Tribal Council members) about the severity, costs, and consequences of injuries may prove beneficial in building the capacity for injury prevention of all Tribes in the Nashville Area. Establishing a Nashville Area Injury Prevention Steering Committee may also raise awareness of the importance of IP among both Tribes in the Nashville Area.

Nashville Area Evaluation Report – Executive Summary

In summary, the Billings Area Injury Prevention Program is at the following Stages of Development for the 12 Evaluation Components used to guide the Evaluation:

Evaluation Component	Stage of Development		
	Basic	Intermediate	Comprehensive
Mission/Vision	Basic	Intermediate	Comprehensive
Resource Allocation/Accounting	Basic	Intermediate	Comprehensive
Management Support	Basic	Intermediate	Comprehensive
Staffing/Roles & Responsibilities	Basic	Intermediate	Comprehensive
Training	Basic	Intermediate	Comprehensive
Partnerships/Collaboration	Basic	Intermediate	Comprehensive
Needs Assessment/Defined Service Population	Basic	Intermediate	Comprehensive
Surveillance Data Collection	Basic	Intermediate	Comprehensive
Injury Program Planning and Implementation	Basic	Intermediate	Comprehensive
Marketing	Basic	Intermediate	Comprehensive
Evaluation/Reporting	Basic	Intermediate	Comprehensive
Technical Assistance/Building Tribal Capacity	Basic	Intermediate	Comprehensive

Nashville Area Injury Prevention Program staff should use the results, recommendations, and resources provided in this report to develop an Action Plan to enhance the stages of development for each Evaluation Component used in this assessment process.